



First Generation Tuition Assistance Program Student Loan Repayment Checklist

Each of the following items is required for your application to be complete. Please check off each item to ensure that all necessary information is included. The Education Department is not responsible for obtaining this information; it must be supplied by the applicant. Incomplete applications will be returned unprocessed.

Name: _____ Date of Birth _____

_____ I have requested my official transcript from school/college **reflecting my date of graduation**

_____ I have enclosed documentation showing my current, outstanding student loan balance

_____ I have enclosed a copy of my Social Security card

_____ I have enclosed a copy of my certified Birth Certificate (You must be under the age of 26 to participate in this program.)

_____ I have completed the entire application (4 pages)

_____ I have had my application and two (2) Release of Information forms notarized

_____ I have enclosed a copy of my First Generation Indian Descent Letter

_____ I have enclosed copies of all my original student loan paperwork

***** Please note: Regarding the Release of Information forms, please make sure you list the name of your lending institution on one form and the school you attended on the second form.**



First Generation Tuition Assistance Program Student Loan Repayment Application

Student Loan Repayment Option

Full Name: _____

Name attended school under, if different: _____

Date of Birth: _____ Social Security Number: ____-____-_____

Age _____ **You must be between a 16 and 26 years old!**

Email address: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell or Work phone #: _____

Loan Details

Name of First School:
Dates of Attendance:
Original Loan Amount:

Name of Second School:
Dates of Attendance:
Original Loan Amount:

Name of Third School:
Dates of Attendance:
Original Loan Amount:

Are your loans federal (government supported) or bank loans? _____

Name and Phone Number of lending institution: _____

Do you have a contact person at this institution? Yes No

If yes, please provide name of contact person: _____

What type of Degree did you receive? Certificate Associate
 Bachelor Master PhD or other Professional Degree

What is the total amount due on this loan as of today? _____

Have you consolidated this loan with any other loan? Yes No

If you have not made a payment on your student loan(s) for 270 or more days, and did not make special arrangements with your lender to get a deferment or forbearance, you are in default of your loan.

Are you in default on this loan? Yes No

**** If yes, you must pay on this loan 12 consecutive months and reach “rehabilitation” prior to being accepted into this program.**

I hereby swear and affirm that the information contained in this application is true and correct to the best of my knowledge. I understand that any attempt on my part to defraud the Poarch Band of Creek Indians by knowingly making false statements in this application will result in my termination from the McGhee-Tullis Tuition Assistance Program.

Signature

Date

NOTARY PUBLIC:
Signed before me this _____ day of _____, 20 ____.

SEAL

Notary

My Commission Expires: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Name attended under if different: _____
Social Security Number: _____ DOB: _____
Address: _____
Home Phone: _____ Work Phone: _____

I, _____, hereby give permission
Borrower's Name
to _____ to release any requested
Lending Institution

information concerning my student loan account(s) to Magen Weaver of the Poarch Creek Indians. I understand that this information will be used to determine eligibility for the Poarch Creek Indians Student Loan Repayment Program.

- The information requested may be communicated orally or in writing.
- I understand that I may revoke this consent at any time by notifying the providing organization in writing, except to the extent that action has already been taken in reliance on it.
- I understand that information disclosed under this authorization may be disclosed again by the person or organization to which it is sent.
- A photocopy of this document shall be as valid as the original.

SIGNATURE OF BORROWER

DATE

SEAL

Notary Public
Signed before me this _____ day of _____, _____

Notary

My commission Expires: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Name attended under if different: _____
Social Security Number: _____ DOB: _____
Address: _____
Home Phone: _____ Work Phone: _____

I, _____, hereby give permission
Student's Name
to _____ to release
School Name

any requested information concerning my attendance, status of financial accounts, grade report, transcripts, and school conduct. I understand that this information will be used to determine eligibility for the Poarch Creek Indians First Generation Tuition Assistance Program.

- The information requested may be communicated orally or in writing.
- I understand that I may revoke this consent at any time by notifying the providing organization in writing, except to the extent that action has already been taken in reliance on it.
- I understand that information disclosed under this authorization may be disclosed again by the person or organization to which it is sent.
- A photocopy of this document shall be as valid as the original.

SIGNATURE OF APPLICANT **DATE**

SEAL

Notary Public
Signed before me this _____ day of _____, _____

Notary

My commission Expires: _____